

# The Registry Review

The Newsletter of the

Spring

South Carolina Central Cancer Registry

2002

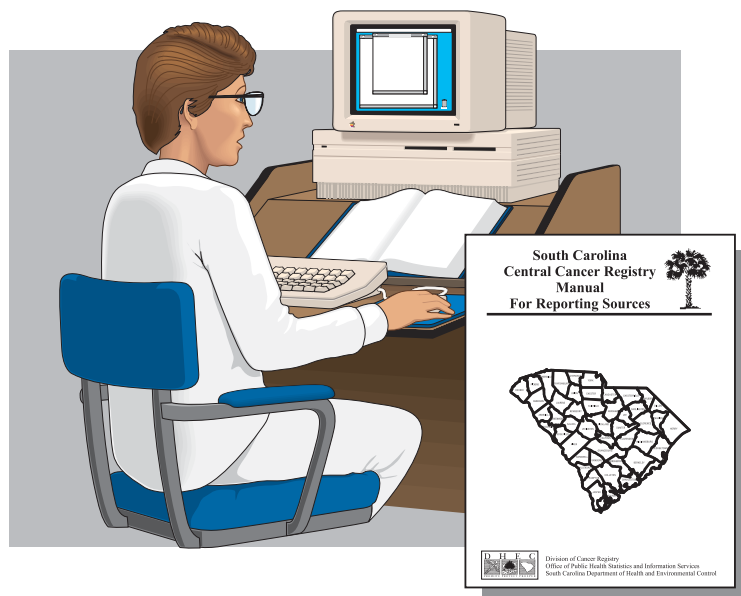
## Streamlining The Central Registry

The South Carolina Central Cancer Registry (SCCCR) is currently working on efforts to streamline the process of data collection and reporting of cancer cases. Information on cancer cases is obtained from a variety of sources including hospitals, pathology labs, physician offices, and freestanding treatment centers.

Procedures for the reporting of cancer cases from these sources are now available in the revised "South Carolina Central Cancer Registry Manual for Reporting Sources."

This manual was distributed to hospital cancer registrars at the South Carolina Cancer Registrars Association meeting in Florence, SC April 11-12, 2002. The manual is a detailed guide for the reporting of cancer cases to the central cancer registry. The manual includes information on general procedures, casefinding, quality assessment review, and instructions for the reporting of

(See *Streamlining*, Page 4)



NPCR Data Element	Percentage of Full Documentation
Sequence	93%
Laterality	89%
Behavior	78%
Histology	77%
Diagnostic Confirmation	73%
Summary Stage	70%
Primary Site	69%
Diagnosis Date	61%
Grade	49%

Table 1. Data elements and percentage of abstracts with full text documentation.

## SCCCR Conducts Text Study

By Roberta Fogg, CTR

The quality of data received at the central registry is measured through various quality control procedures. A study of text documentation is one quality control procedure that can assess overall data reliability.

The SCCCR recently conducted a text study. SCCCR staff audited a sample of submitted cases from a portion of the South Carolina reporting hospitals.

The purpose of the study was to assess the degree to which adequate text is submitted by South Carolina abstractors, both hospital and SCCCR staff.

All South Carolina hospitals, including registry and non-registry hospitals, were subject to participation in the study. Hospitals selected for participation were randomly selected based on caseload (high, medium, low).

Five cancer sites were identified for the study: breast, colon/rectum, lung, prostate and bladder. Five percent of these cases were reviewed from each randomly selected hospital, resulting in a review of 550 cases.

Nine NPCR required data elements were selected for review. These data

(See *Text Study*, Page 3 )

### Inside Registry Review...

- 2 From the Director
- 2 Real Questions?...Real Answers!
- 3 Staff Profile
- 4 Registry Data Available Online

## From The Director

Streamlining! A process that's very necessary in all aspects of today's busy lives. And, so it is with cancer registries. Decreasing the paper. Eliminating the duplication. Taking advantage of today's technology. Always trying to improve the way we conduct our business. We are addressing these issues in the SCCCR at the present time. The lead article in this edition of The Registry Review introduces this idea.

Our revision of The Manual for Reporting Sources is long overdue. The Manual addresses state reporting requirements as compared to hospital ACoS requirements. This should help with any lingering doubts about what are the differences (they are few) and what to do when in doubt. Hospitals that did not have a representative at the SCCRA Spring Meeting in April will soon receive their copy of the manual by mail. Kathy Barnes and Holly Miller of the SCCCR spearheaded this revision effort. They should be commended. It was a long, arduous task.

More national attention is being given to the importance of good text documentation on cancer abstracts. Collaborative discussions have been initiated with ACoS representatives by NAACCR committee members regarding text importance. The SCCCR Text Study results are included in this issue. South Carolina does well in some areas and poor in others. These results will help guide training efforts in the near future. Better text leads to better cancer data for South Carolina!

The degree to which South Carolina cancer data is now available on-line with geographic determinants is very exciting and innovative. The Geographic Information Systems staff in the Division of Biostatistics in DHEC's Office of PHSIS is developing a grand interactive system for general use. Cancer maps are a very effective visual graphic technique to communicate cancer differences in our state. The ultimate purpose for collecting the data we all collect is for control of cancer in South Carolina. These uses of the data can illustrate the problems and facilitate intervention.

## Real Questions?...*Real Answers!*

Kathy Barnes,CTR  
SCCCR  
Training Coordinator



These are actual questions submitted to the SCCCR. The answers may be of interest to all. Some may be easy and others hard, but we all can learn from some of them.

If you find an answer to an interesting question, whether new or unclear in our manuals, please send them to me so they may be shared.

Thanks,  
Kathy

1) Q: A patient has metastatic disease at diagnosis with a cTx Nx M1. Can you pathologically TNM stage without having a resection, considering cell type documents the primary and the primary has a staging scheme?

ROADS pg. 141 states:

Clinical classification is based on information and evidence obtained before treatment.

Pathologic classification is based on information obtained before treatment and is supplemented by additional evidence from surgery and the pathologic examination of the resected specimen.

A: If only a metastasis has had microscopic confirmation, the classification is pathologic (pM1) and the stage

is pathologic. (AJCC Staging Manual - 5<sup>th</sup> Edition pages(s) 7) Transaction 3892

2) Q: ROADS, pg. 219 states xrt/surg seq defines the order in which radiation therapy and cancer-directed surgery were delivered during first course of treatment.

If a patient does not have cancer-directed surgery along with radiation therapy during the first course of treatment, it should be coded "0".

The "0" selection is confusing in the way it is worded. When reading this, it does not seem to follow what the "0" selection is stating. It seems to say one or the other. For example: No xrt and cancer directed surgery (this  
(See *Real Questions?*, Page 3)

# Real Questions?...*Real Answers!*

(Continued From Page 2)

seems fine). No xrt or cancer directed surgery (seems to be saying neither was given). It seems like the wording should say No xrt with (or along with) cancer-directed surgery.

A: There are no other questions concerning this data item in the I&R database. Because the field is designed to capture sequence of these two treatments, the codes 2 through 9 are used when the patient had both types of treatment. Another way to define code "0" would be: radiation but no surgery, surgery but no radiation, no radiation and no surgery.

(Standards, Volume II, page(s) 219) Transaction 3905

3) Q: What is the difference between mixed, malignant tumor, nos (8940/3) and mixed or multiple histology? Does it have to be stated on the pathology report as mixed cell, nos with no specific cell types listed? If no, when would 8940/3 be used?

A: You are correct, it would have to be stated on the pathology report as "mixed cell" with no specific cell type listed to use this code. For all other mixed or multiple histologies, follow the rules in ICD-O-3 on pages 29-37. (ICD-O-3, page(s) 29-37) Transaction id 4870

4) Q: Is the primary site for Krukenberg tumor coded to stomach, nos (C16.9) or GI, nos (C26.9)?

A: These are gastrointestinal primaries, metastatic to the ovary. In the ICD-O Coding Manual, the primary site listed next to Krukenberg tumor is C56.9 but the behavior is 6/metastatic. The topography code given in ICD-O should be ignored and the appropriate code for the topography included in the diagnosis should be used.

Krukenberg tumors are coded to the primary site such as stomach. If the primary site is unknown, code to GI Tract, nos C26.9. Do not use the C56.9 as the primary stie as this refers to the metastasis. Transaction 4868

## Text Study Helps SCCCR

(Continued From Page 1)

elements included primary site, sequence, histology, behavior, grade, laterality, diagnostic confirmation, diagnosis date and summary stage.

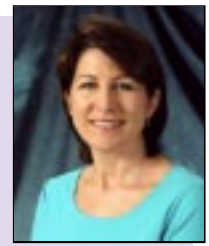
Table 1 shows the data elements and the percentage of abstracts having full text documentation. The data element with the largest percentage of full text documentation was sequence (93%), followed by laterality (89%). The data elements with the lowest percentage of full text documentation were diagnosis date (61%) and grade (49%).

This text study has helped the SCCCR to identify the variability that exists in text submissions to the SCCCR. Because of this variability seen in text documentation, the SCCCR concluded that efforts are needed to provide training concerning text documentation to all South Carolina registry hospitals and the SCCCR abstractors.

Providing adequate and meaningful text for all cases assures that data sent to the SCCCR are complete and accurate.

## Staff Profile

Donna Jenkins  
SCCCR  
Data  
Coordinator



Donna Jenkins, HT(ASCP), CTR, is a Data Coordinator for the SCCCR, primarily responsible for cancer case abstraction. She has worked in the registry field for three years.

Donna works in SCCCR Region 4, which includes counties in the lower part of the state. Prior to her job at the SCCCR, Donna worked as a supervisor of the Histopathology Lab for St. Francis Xavier Hospital in Charleston for 20 years.

Donna grew up in an Air Force family, living in England for three years during Beatlemania! She has two brothers and a sister, and one very interesting friend who is an Elvis impersonator!

Donna has been married to her husband Eddie for 16 years. She has two children, Tighe and Hali. Her family also includes a golden lab named Jones and three cats. In her free time, Donna enjoys relaxing at their home on the Edisto River, walking, rollerblading, and knitting.

Donna also enjoys cooking Italian food. "When I retire, I want to be a gourmet cook, so I practice whenever I can," says Donna.

Donna recently passed her Certified Tumor Registrar (CTR) exam. Congratulations to her for this accomplishment!

# Registry Data Available Online

SCCCR reports and county fact sheets have been available on the Internet for several years. Now, cancer incidence and mortality data are available on the SC DHEC web site.

The SC DHEC Office of Public Health Statistics and Information Services has constructed an interactive mapping web site that allows an individual to access cancer statistics by zip code and election district in the state. This new website is being updated frequently so check back for updates.

To access available cancer statistics and the SCCCR Reports and Fact Sheets, follow the path below.

SC DHEC Home Page

<http://www.scdhec.net/>

- ↳ Information & Education
- ↳ Data and Statistics
- ↳ Health Statistics
- ↳ Death Certificate Data
- ↳ PHSIS

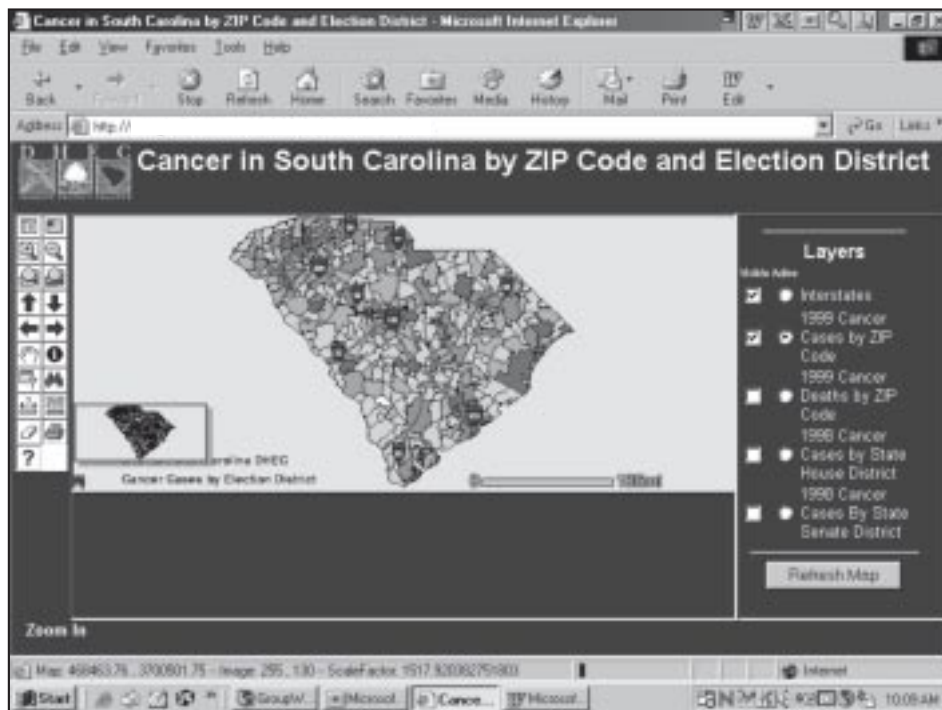
## Streamlining

*(Continued From Page 1)*

specific data items. It provides clear delineation between state requirements vs ACoS requirements for reporting.

The next step for the SCCCR is to review and modify internal registry processes. These changes have begun with the creation of an on-line data collection tracking system for the SCCCR staff. This tracking system allows the SCCCR to more efficiently monitor the progress of data collection and the timeliness of cancer case reporting from reporting sources.

These improvements in SCCCR operations will result in the standardization of requests for cancer data from the various reporting sources. Also, the SCCCR will construct summary reports that will be provided back to the reporting hospitals.



Access to cancer data: <http://scangis.dhec.state.sc.us/extranet/index.asp?page=cancer>

## Training News Notes

By Kathy Barnes, CTR

Hello everyone! I have had the pleasure of working with some new faces and some familiar ones this year.

Since January, training has been provided to Lynn Redmon in Greenville, Allison Bush in Aiken, and Jane Ramsey at the SCCCR. Also trained were Lonneta Colton, Pam Commins, Michaela Hutchinson, Miriam Whaley, Dyonne Williams and Laura Willis in Columbia.

Remember, regional two-day training is offered monthly and is rotated in the four SCCCR regions. A flier with training subject and location information is mailed to all registry hospitals monthly.

If your registry has new staff needing training or if you would like ACoS survey assistance, please feel free to contact me.

Finally, the most recent CTR examination was held in March and six of our South Carolina registrars received their certification.

Congratulations to Lonneta Colton and Miriam Whaley at Palmetto

Richland Hospital in Columbia, Donna Keisler at Palmetto Baptist in Columbia, Linda Nichols at Roper in Charleston, Betty Greene at Spartanburg and Fred Sylvester at Shaw Air Force Base in Sumter!



**The Registry Review newsletter is published by the South Carolina Central Cancer Registry, a Division of DHEC's Office of Public Health Statistics and Information Services.**

**Director - Susan Bolick-Aldrich**  
**Editor - Laura Sanders**  
**Layout and Design - Warren Hardy**

**Direct questions or comments to:**  
**Laura Sanders**  
**SCDHEC**  
**2600 Bull Street**  
**Columbia, SC 29201**  
**(803) 898-3696**